Revision: HCFA-PM-91-8 (MB) October 1991

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OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territo	ry: Arizona	
Citation	Condition or Requirement	
1906 of the Act	State Method on Cost Effectiveness of Employer-Based Group Health Plans	

(NOT APPLICABLE)

Approval Date 3/9/92 Effective Date July 1, 1991 TN No. 91-22 Supersedes TN No. None HCFA ID: 7985E

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